



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

MAR 22 1995

Hassan I. Bukhari, MD, Treasurer
Pakistani Physicians Political
Action Committee (PAK/PAC)
4001 Worth Street
Dallas, TX 75246

Identification Number: C00238204

Reference: Amended 30 Day Post-General (10/20/94-11/26/94) dated
2/13/95

Dear Dr. Bukhari:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the total for Line 10, Column A of the Summary Page.

-Please provide a Schedule A to support the entry reported on Line 13 of the Detailed Summary Page. All loans and loan repayments received by your committee must be itemized on Schedule A regardless of the amount loaned or repaid. 2 U.S.C. §434(b)(3)(E)

-Please provide a Schedule C to support the entry of \$3,000 reported on Line 13 of the Detailed Summary Page. Loans and debts must be continuously reported until they are either repaid or settled. 11 CFR §104.3(d)

-Your report discloses a contribution which appears to exceed the limitations of 2 U.S.C. §441a (pertinent portion(s) attached). A loan, endorsement, or guarantee is included in the definition of a contribution under 2 U.S.C. §431(6)(A) and 11 CFR §100.7(a)(1)(i).

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a contribution that exceeds the limits, the Commission recommends that you repay the excess amount. Please inform the Commission immediately in writing and

provide a photocopy of your repayment check. Any repayment should be disclosed on a supporting Schedule B for Line 26 of your next report.

Alternatively, you may obtain additional endorsers or guarantors. To the extent that this requires renegotiation of the outstanding loan or execution of a new note, please inform the Commission in writing and identify any additional endorsers/guarantors (including the amount(s) endorsed by each). Furthermore, any new or renegotiated loan should be disclosed on Schedule C of your next report.

Although the Commission may take further legal action concerning the acceptance of an excessive contribution in the form of a loan, endorsement or guarantee, your prompt action will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Neil Evans
Reports Analyst
Reports Analysis Division

SCHEDULE A

PAGE 1 OF 1
FORM LINE NUMBER
11 of 1

Any information except a full name, mailing address and ZIP Code may be omitted or redacted if the person is a minor or if the information is otherwise exempt from disclosure under the Freedom of Information Act. If you are using the name and address of any person, indicate the relationship to the contributor.

NAME OF CONTRIBUTOR (in full)

PAKISTANI INTERFAITH FORUM ACTION COMMITTEE (In-Lia)

A. Full Name, Mailing Address and ZIP Code

Mr. A. Khan, Chairman of
P.O. Box #186
Montebello, NJ. 07042

Receipt For: ☐ Primary ☐ General

☒ Other (specify) **See Inc**

Name of Employer

Self Employed

Occupation **Arranger**

Aggregate Year-to-Date **> \$500**

Date (month, day, year)

6-8-94

Amount of Cash Received This Period

\$500

B. Full Name, Mailing Address and ZIP Code

Shahnaaz Khan M.B.
2702 Granville Drive
Arling Heights, IL. 60004

Receipt For: ☐ Primary ☐ General

☒ Other (specify) **See Inc**

Name of Employer

Self Employed

Occupation **MD**

Aggregate Year-to-Date **> \$100**

Date (month, day, year)

4-3-94

Amount of Cash Received This Period

200

C. Full Name, Mailing Address and ZIP Code

Imdad Akbar MD
520 Cambridge Drive
Saginaw MI. 48603

Receipt For: ☐ Primary ☐ General

☒ Other (specify) **See Inc**

Name of Employer

Self Employed

Occupation **MD**

Aggregate Year-to-Date **> \$200**

Date (month, day, year)

4-3-94

Amount of Cash Received This Period

150

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Aggregate Year-to-Date **> \$**

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Aggregate Year-to-Date **> \$**

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Aggregate Year-to-Date **> \$**

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Aggregate Year-to-Date **> \$**

Date (month, day, year)

Amount of Cash Received This Period

Receipt For: ☐ Primary ☐ General

☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

\$550

TOTAL This Period (last page this line number only)

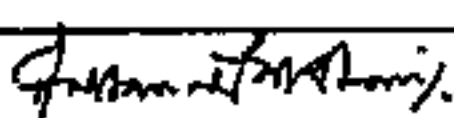
\$1,350

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SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20483

Supplementary for Information
 found on Page ___ of Schedule C

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) PAKISTANI PHYSICIANS POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C-00238204	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) Mr. Akram Chaudhry P.O. Box 1180 Montclair NJ. 07042		AMOUNT OF LOAN 3000.00	INTEREST RATE (APR) None
		DATE INCURRED OR ESTABLISHED 10.26.94	DATE DUE January 31 1995
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred: _____			
B. If line of credit, amount of this draw: N/A ; total outstanding balance: N/A			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
What is the value of this collateral? _____			
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____			
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Personal Assurance			
G. COMMITTEE TREASURER TYPED NAME HASSAN I. BOKHARI		SIGNATURE 	DATE 12/8/94
H. Attach a signed copy of the loan agreement. N/A			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE TYPED NAME _____ SIGNATURE _____		TITLE _____	DATE _____

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95809668823

95809668823

9 5 0 3 9 7 0 1 2 7 1